

**VERMONT SERVICE CONTRACT PROVIDER
REGISTRATION AND CERTIFICATION**

JANUARY 1, 20__ TO DECEMBER 31, 20__

A. Registrant Identification Information:

1. Name (Must be **exact name** under which business is being conducted) and FEIN:

_____ FEIN: _____

2. Name used on service contracts (if different from 1. above):

3. Contact Person (Name and Title): _____

4. Telephone Number: _____ Email Address: _____

5. Mailing Address: _____

6. Physical Location: _____

7. Type of Organization (Sole Proprietorship; Partnership; Corporation; LLC, etc.):

8. List the ultimate controlling person of the applicant (attach an organizational chart showing parent, affiliate and subsidiaries of the applicant):

9. Service of Process Information (8 V.S.A. § 4248(d)):

Name: _____ Tel. No: _____

Mailing Address: _____

10. Service Contract Reimbursement Reinsurer (name, address, and policy number, if any):

11. Third Party Administrator (name, address, phone number):

12. 3 Year Registration Fee of \$600 (check date & number): _____

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JANUARY 1, 20__ TO DECEMBER 31, 20__

B. Certification:

The undersigned deposes and says that he/she has duly executed this registration dated _____, for and on behalf of _____

(Service Contract Organization), that he/she holds the executive position of _____ (title) of such company; and that he/she is authorized to execute and file this registration. Deponent further states he/she is familiar with this instrument, including all documents related to this registration and the contents thereof, and that the facts herein set forth are true to the best of his/her knowledge, information and belief and he/she hereby certifies that _____ (Service Contract Organization) is in compliance with V.S.A. 8, Chapter 113, Subchapter 3 as amended to include that:

1. The proof of financial stability requirements of § 4249 are being met;
2. If a service contract reimbursement policy or policies are being submitted as proof of financial stability, the policy or policies cover all contract holders in the State of Vermont;
3. The consumer disclosure requirements of § 4251 are being met;
4. The obligations of providers and insurers of § 4252 are being met;
5. The prohibited acts of § 4253 are not being done and;
6. The prohibited terms of § 4254 are not being used.

Certified by:

Signature

Print Name

C. Notarized Signature:

State of: _____

County of: _____

On this _____ day of _____ in the year _____, before me, personally appeared _____ to me known, who being duly sworn according to law, did depose and say that he/she has read, signed, is knowledgeable regarding the contents of the foregoing registration and certification, including all related documents, and represents that the statements contained in this registration and certification are true and complete.

(Notary Public)

My Commission Expires: _____

RETURN COMPLETED FORM AND PAYMENT TO:

Vermont Department of Financial Regulation
ATTN: Company Licensing
89 Main Street
Montpelier, VT 05620-3101

Contact person at the Department:

Karen Murphy, Director
Phone: (802) 828-1959
E-mail: DFR.complic@state.vt.us
Registration Fee: \$600.00 for 3 years
Checks payable to: Vermont Department of
Financial Regulation